

**MULTIPLE DEPENDENT CLAIM  
FEE-CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**09942024**  
APPLICANT(S)

FILING DATE

**7/19/24 CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		3				
13		3				
14		3				
15		3				
16		3				
17		1				
18		1				
19		1				
20		1				
21		1				
22		1				
23		1				
24		+3				
25		+3				
26		+3				
27		1				
28		1				
29		1				
30		1				
31		1				
32		1				
33		1				
34		1				
35	1				1	
36		1				1
37		1				1
38		1				1
39		3				2
40		3				2
41		1				1
42		1				1
43		1				1
44		1				1
45		1				1
46		1				1
47		1				1
48		1				1
49		1				1
50		1				1
TOTAL IND.		1			1	1
TOTAL DEP.		17			17	17
TOTAL CLAIMS		18			18	18

	* 7/19/24		* 7/19/24		* 7/19/24	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				1
52		1				1
53		1				1
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97						
98						
99						
100						
TOTAL IND.	2	2	2	2	2	2
TOTAL DEP.	21	10	21	10	21	10
TOTAL CLAIMS	23	12	23	12	23	12

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS